

(Notary Public's Name – Printed or Typed)

STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH Vital Records and Health Data Development

DCH-0682w (11/02) By authority of Act 305
HEALTH 1996
yelopment

State File Number

AFFIDAVIT OF PARENTAGE

(PLEASE PRINT OR TYPE)

We affirm under penalty	of perjury that w	ve are the natural pa	rents of:			
(First)	First) (Middle)		(Last)			
(First)		(Middle)		(Last)		
who was born in (Hospital Name, City, Co			unty, State)	On(Da	On (Date of Birth)	
and that we sign this affi may be included on the			is child. We hereb	by consent that the name of	the natural father	
We wish the childs nam	e to be recorded	as:				
(F')		OC 111.)		4		
(First)		(Middle)		(Last)		
In signing this form, we	understand that:					
ii) Any right to a couman is the biologic iii) The right to a trial	or genetic tests to de rt appointed attorney al father of the child. to determine if the m es that she was no	etermine if the man is the y, including the prosecution. In an is the biological father that married when this	ating attorney, to repro ner of the child. It is child was born of	esent either party in a court action of the court action of the conceived; or that this chi		
FATHER			MOTHER			
Name			Name			
(Fathe	er' Name – Printed)			(Mother's Name – Printed)		
Current Address	Name and Street Numb	ber	Current Address	Name and Street Num	ber	
City	State	Zip Code	City	State	Zip Code	
Date of Birth			Date of Birth _			
State or Country of Birth			State or Country of Birth			
Social Security Number			Social Security Number			
To the best of my knowledge, the above information is true			To the best of my knowledge, the above information is true			
(Signature of Father) Sworn to and subscribed before me this day of			(Signature of Mother) Sworn to and subscribed before me this day of			
20 Notary Public in and for County, Michigan			20 Notary Public in and for County, Michigan			
(Notary Public's Signature)			(Notary Public's Si	ignature)		

(Notary Public's Name - Printed or Typed)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Vital Records & Health Data Development Section

AFFIDAVIT OF PARENTAGE

Instructions

This form can be used to establish the parentage of a child and may be used to have information on the father of a child added to the certificate of birth for the child. This affidavit may be completed at the time of the child's birth or at any other time after the birth.

It is intended for use by couples who were not married at the time the child was conceived nor at the time of birth. In instances where the mother was married to someone other than the father when the child was conceived or delivered, a court ruling of her husband's nonpaternity is important in order to first establish that the child is not the husband's child.

Completion of this affidavit is voluntary. It indicates the parents wish to acknowledge parentage of a child. The form may be used by parents who were not married when the child was born or when the child was conceived to legally establish their parentage of a child.

Proper completion of the form is very important. Forms that are not properly completed will not be accepted for filing. Among other things, the form must be legible, must be typed or printed in ink, must be signed by both parents, and must be properly notarized. At a minimum, the following items must be provided: the full names of the child, the mother and the father, the data and place of the child's birth, the address of each parent and the birth places of each parent.

There is no fee for filing the affidavit with the Central Paternity Registry. Once filed, copies of the affidavit can be obtained by either parent, by the child or to a guardian or legal representative of a parent or the child. Certified copies of the affidavit are available from the central registry for \$15.00 (additional copies are \$5.00 each) and can be requested at the time of filing.

Adding a Father to the Birth Certificate

Establishing Paternity at the Hospital – If this affidavit is completed at the time of birth and provided to hospital staff before the birth certificate is prepared and filed, the birth certificate will be completed to include the father with no need for a separate application or fee. When completed at the time of birth and used as the basis for recording the father on the original certificate of birth, hospital staff must forward the original affidavit, along with the original birth certificate, to the local registrar. The local registrar will forward the affidavit to the Central Paternity Registry for final filing.

Establishing Paternity After Leaving the Hospital – Birth certificates are not automatically changed when an affidavit is filed, except when completed in the hospital at the time of the birth and before the birth has been registered. Changes to registered birth records can be requested based upon a properly completed affidavit and an Application to Add a Father on a Michigan Birth Record. If the affidavit is going to be used to add the father's name to a Michigan birth record, the affidavit SHOULD NOT BE MAILED TO THE CENTRAL PATERNITY REGISTRY, but should be mailed with the application to add the father to the address listed on the application. A birth record can be changed to reflect the father listed on the affidavit if no other man is recorded on the record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

There is a fee for each birth record change, as is noted on the correction application. Applications to correct a birth certificate are available from the office of the county clerk, the State Vital Records office recorded message (517) 335-8656, or can be downloaded from the Michigan Department of Community Health Web site at: www.michigan.gov/mdch

To request a certified copy or to change the birth record, mail the completed Affidavit along with an application to Add a Father to:

VITAL RECORDS CHANGES P.O. Box 30721 Lansing, Michigan 48909

To file the Affidavit to establish paternity without changing the birth record, mail to:

Central Paternity Registry
Vital Records & Health Data Development Section
Michigan Department of Community Health
P.O. Box 30691
Lansing, Michigan 48909

Completion of this Form is Voluntary

ALTERATION OF THIS FORM OR THE MAKING OF FASLE STATEMENTS WITH THE AFFIDAVIT FOR THE PURPOSES OF DECEPTION IS A CRIME. [MCL 333,2894]